

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land Management Administration • Technical Services and Operations Program
1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719
410-537-3314 • 800-633-6101 x3314 • 410-537-3321 fax • <http://www.mde.state.md.us>

Semi-Annual Scrap Tire Collection Facility Report

**Please Note: It is very important that you submit a semi-annual report even if you did not collect, generate or haul any scrap tires during the reporting period. Please print.*

(✓) REPORTING PERIOD:	_____ January 1 – June 30 _____ July 1 – December 31
YEAR:	_____

Your Facility Owner's Name: _____ Your Collection Facility License No.: _____

Your Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Your Facility's Name: _____ Contact Person's Name: _____

Your Facility's Location Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone No.: () _____ - _____ Facsimile No.: () _____ - _____

INSTRUCTIONS FOR COMPLETING TABLES ON REVERSE SIDE

TABLE 1:

1. List where the scrap tires came from:
 - A. If from haulers, please list the haulers' names and their Maryland Scrap Tire Hauler License Numbers in the appropriate boxes.
 - B. If from individuals hauling less than 5 scrap tires, please write **Private** in the **Source** column; and **None** in the **License Number** boxes. If you receive scrap tires from many individuals, group them as a single entry.
 - C. If the scrap tires are generated from your business, write **Company** in the **Source** column, and your license number in the **License Number** column.
2. List the type of scrap tires (i.e. passenger, truck) collected at your facility. This can be reported as quantity of scrap tires or tonnage.
3. If no scrap tires were received during this period, write **None** received across the table.

TABLE 2:

1. List the name and license number of the scrap tire hauler who removed scrap tires from your facility.
2. List the type of scrap tires removed by quantity or tons.
3. List the place of where the hauler took the scrap tires. ***This is very important! Be sure the hauler tells you where your scrap tires are being delivered and the Maryland scrap tire license/approval number of that destination.*** If the scrap tires are being delivered to an out-of-state facility, list the name and address of this facility.
4. If no scrap tires were hauled from your facility, write **No** scrap tires hauled.

By signing this report, I the license holder or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this report are true to the best of my knowledge, information, and belief. I hereby authorize the representative of the Department to have access to the site for inspection and to record information relating to this license at any reasonable time.

Signature

Print Name

Date

TABLE-1
Receiving/Generating Report - Incoming Scrap Tire Information

Scrap Tire Generation/Receiving Source	Maryland Scrap Tire Hauler's License No. (If applicable)	Scrap Tire Type (Passenger, Truck)	Scrap Tire Quantity(ies)	Scrap Tire Weight (Tons)
		TOTAL		

PLEASE MAKE ADDITIONAL COPIES IF NECESSARY

TABLE-2
Transfer Report - Outgoing Scrap Tire Information

Scrap Tire Hauler's Name	Scrap Tire Hauler's License No.	Scrap Tire Type	Destination Facility Name/Address	Destination Facility's License/ Permit No.	Scrap Tire Quantity	Weight (Tons)
				TOTAL		

TOTAL SCRAP TIRES REMAINING AT YOUR FACILITY AFTER THE REPORTING PERIOD: _____

FAX COMPLETED REPORT TO:

OR

MAIL COMPLETED REPORT TO:

410-537-3321

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 TECHNICAL SERVICES AND OPERATIONS PROGRAM
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